

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 145

For Official Use Only

Statement covers period

from 07/01/2014

through 09/30/2014

Date of election if applicable:
(Month, Day, Year)

11/04/2014

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1343998

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-7757

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Mr. Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/06/2014 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Proposition 45 - Approval of Healthcare Insurance Rate Changes

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
45 Statewide ☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
	Page 3 of 145

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$11,916,775.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$11,916,775.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$23,833,550.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$15,000.00	\$45,000.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$15,000.00	\$23,878,550.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$23,554,486.68	\$24,999,955.16
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$23,554,486.68	\$24,999,955.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$322,682.92)	\$4,434.40
10. Nonmonetary Adjustment	Schedule C, Line 3	\$15,000.00	\$45,000.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$23,246,803.76	\$25,049,389.56

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$35,049,058.68	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$23,554,486.68	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$11,494,572.00	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$11,921,209.40

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	09/30/2014	Page 4 of 145

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. Number
1343998

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER

1343998

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Kaiser Foundation Health Plan, Inc. Oakland, CA 94612 Committee ID: 486330 Memo Reference: PAY284 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,160,175.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$7,160,175.00 DATE DUE	0.00 % RATE	\$7,160,175.00 4/15/2014 DATE INCURRED	CALENDAR YEAR \$14,320,350.00 PER ELECTION**
Blue Shield of California San Francisco, CA 94105 Committee ID: 486123 Memo Reference: PAY287 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,756,600.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$4,756,600.00 DATE DUE	0.00 % RATE	\$4,756,600.00 4/17/2014 DATE INCURRED	CALENDAR YEAR \$9,513,200.00 PER ELECTION**
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	 DATE DUE	 RATE	 DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS						\$11,916,775.00		

Schedule B Summary

1. Loans received this period. \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) Net \$0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
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I.D. Number 1343998	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. Number
1343998

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2014	California Association of Health Plans Sacramento, CA 95814 Memo Reference: NON473 Committee ID: 1363278	<div><div></div><div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div></div>			\$15,000.00	\$45,000.00	
		<div><div></div><div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div></div>					
		<div><div></div><div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div></div>					
		<div><div></div><div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div></div>					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$15,000.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....

\$15,000.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

\$15,000.00

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2014	CALIFORNIA FORM 460	
through	09/30/2014	Page 8 of 145	
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998	

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2014	Payee Name: No on 45: California Association of Health Underwriters Issues Committee for Responsible Health Insurance Regulation Candidate Name: No on 45: California Association of Health Underwriters Issues Committee for Responsible Health Insurance Regulation ID #1367 Proposition 45 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Campaign Buttons, Brochure and Design Services	\$2,155.00	\$5,341.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/4/2014	California Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,000.00	\$1,215,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/26/2014	California Republican Party Memo Reference: EXP543	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,200,000.00	\$1,215,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$1,220,341.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$1,220,341.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2014

through 09/30/2014

CALIFORNIA
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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
 1343998

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2014	Payee Name: No on 45: California Association of Health Underwriters Issues Committee for Responsible Health Insurance Regulation Candidate Name: No on 45: California Association of Health Underwriters Issues Committee for Responsible Health Insurance Regulation ID #1367 Proposition 45 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Campaign Buttons	\$3,186.00	\$5,341.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$1,220,341.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Swanson Communications, LLC Folsom, CA 95630 Memo Reference: EXP397		CNS, TRS, WEB	\$26,132.87
Steven Maviglio dba Forza Communications Sacramento, CA 95814 Memo Reference: EXP400		CNS	\$10,000.00
Wakely Consulting Group Clearwater, FL 33764	CNS		\$12,880.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$23,554,486.68
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$23,554,486.68

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 11 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067	PRO			\$15,000.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		CNS, TRS, OFC		\$26,147.00
Imprenta Communications Group, Inc. San Marino, CA 91108	CNS			\$7,000.00
BPCubed, Inc. Sacramento, CA 95814	CNS			\$7,000.00
GCW Media Services Roseville, CA 95661	WEB			\$17,117.65

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 12 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
K Bowler Group Sacramento, CA 95814	OFC			\$368.79
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$9,892.47
KMA Consulting Folsom, CA 95630	CNS			\$10,000.00
CHC Associates Sacramento, CA 95814	CNS			\$6,000.00
Redwood Pacific Public Affairs Roseville, CA 95661		OFC, WEB, TRS		\$4,445.96

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
Page 13 of 145	I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bully Pulpit Interactive Washington, DC 20036	WEB			\$22,250.00
Forward Observer, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Forward Observer, Inc. Sacramento, CA 95814	CNS			\$20,150.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$60,000.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$43,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
Page 14 of 145	I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Think, Inc. El Dorado Hills, CA 95672	LIT		\$434.00
Think, Inc. El Dorado Hills, CA 95672	LIT		\$791.89
Calkin Public Affairs Sacramento, CA 95811	TRS		\$326.11
Calkin Public Affairs Sacramento, CA 95811	TRS		\$642.45
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067	PRO		\$15,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 15 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
K Bowler Group Sacramento, CA 95814	TRS		\$978.25
Redwood Pacific Public Affairs Roseville, CA 95661 Memo Reference: EXP462	CNS		\$40,000.00
Calkin Public Affairs Sacramento, CA 95811	CNS		\$7,500.00
K Bowler Group Sacramento, CA 95814	CNS		\$7,500.00
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811	CNS		\$20,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 16 of 145
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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Forward Observer, Inc. Sacramento, CA 95814	CNS			\$20,150.00
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811	OFC			\$265.58
Swanson Communications, LLC Folsom, CA 95630 Memo Reference: EXP470			CNS, OFC, TRS, WEB	\$26,582.40
JPM&M, Inc. Sacramento, CA 95814	CNS			\$8,000.00
Bully Pulpit Interactive Washington, DC 20036			CNS, WEB, POL	\$26,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through 09/30/2014		Page 17 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GCW Media Services Roseville, CA 95661	WEB			\$249,999.52
JPM&M, Inc. Sacramento, CA 95814	TRS			\$596.22
JPM&M, Inc. Sacramento, CA 95814	LIT			\$1,928.42
JPM&M, Inc. Sacramento, CA 95814	CNS			\$15,000.00
JPM&M, Inc. Sacramento, CA 95814		TRS, OFC, LIT		\$14,110.58

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 18 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mfour Mobile Research, Inc. Costa Mesa, CA 92626-4622	POL			\$13,797.14
Imprenta Communications Group, Inc. San Marino, CA 91108	CNS			\$7,000.00
KMA Consulting Folsom, CA 95630	CNS			\$10,000.00
KMA Consulting Folsom, CA 95630	TRS			\$1,520.92
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$22,909.39

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 19 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SmithJohnson Research Sacramento, CA 95833	POL			\$3,000.00
Redwood Pacific Public Affairs Roseville, CA 95661		OFC, WEB		\$5,730.44
Redwood Pacific Public Affairs Roseville, CA 95661		OFC, WEB, POS		\$5,577.07
CHC Associates Sacramento, CA 95814	CNS			\$6,000.00
Wise Creative Studio City, CA 91604	CNS			\$40,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 20 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$43,000.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		CNS, TRS, OFC		\$31,645.97
BPCubed, Inc. Sacramento, CA 95814	CNS			\$7,000.00
Mfour Mobile Research, Inc. Costa Mesa, CA 92626-4622	POL			\$11,250.00
Steven Maviglio dba Forza Communications Sacramento, CA 95814 Memo Reference: EXP498	CNS			\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 21 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM&M, Inc. Sacramento, CA 95814	LIT			\$694,800.00
Redwood Pacific Public Affairs Roseville, CA 95661		TEL, RAD		\$73,471.49
California Republican Party Sacramento, CA 95814	CTB			\$15,000.00
Committee ID: 810163 GCW Media Services Roseville, CA 95661	WEB			\$34,090.91
GCW Media Services Roseville, CA 95661		TEL, RAD		\$9,199,435.06

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GCW Media Services Roseville, CA 95661	WEB			\$131,715.09
Redwood Pacific Public Affairs Roseville, CA 95661	TEL			\$156,646.86
GCW Media Services Roseville, CA 95661	WEB			\$138,162.15
GCW Media Services Roseville, CA 95661		TEL, RAD		\$4,901,219.78
CalSal Voter Guide Torrance, CA 90501		Slate Mailer		\$20,000.00
Committee ID: 1368249				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide Torrance, CA 90501			Slate Mailer	\$30,000.00
Committee ID: 595004 Budget Watchdogs Newsletter Torrance, CA 90501			Slate Mailer	\$70,000.00
Our Voice Latino Voter Guide Los Angeles, CA 90039			Slate Mailer	\$12,361.00
Committee ID: 599015 Council of Concerned Women Voters Los Angeles, CA 90039			Slate Mailer	\$18,368.00
Committee ID: 1226327 Coalition for Senior Citizen Security Los Angeles, CA 90039			Slate Mailer	\$17,857.00
Committee ID: 592015				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$37,000.00
Fairbank, Maslin, Maulin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$45,000.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$16,000.00
GCW Media Services Roseville, CA 95661	PRT			\$6,493.19
GCW Media Services Roseville, CA 95661	WEB			\$3,409.09

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 25 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fairbank, Maslin, Maulin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$34,374.49
Redwood Pacific Public Affairs Roseville, CA 95661	PRT			\$5,071.84
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$10,175.80
Redwood Pacific Public Affairs Roseville, CA 95661		OFC, TRS		\$6,405.92
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		CNS, TRS, OFC		\$29,359.91

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 26 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHC Associates Sacramento, CA 95814	CNS			\$6,000.00
Swanson Communications, LLC Folsom, CA 95630 Memo Reference: EXP525			CNS, OFC, TRS	\$26,181.30
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067			PRO, TRS	\$18,357.77
Steven Maviglio dba Forza Communications Sacramento, CA 95814 Memo Reference: EXP527	CNS			\$10,000.00
KMA Consulting Folsom, CA 95630	CNS			\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 27 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imprenta Communications Group, Inc. San Marino, CA 91108	CNS			\$7,000.00
BPCubed, Inc. Sacramento, CA 95814	CNS			\$7,000.00
K Bowler Group Sacramento, CA 95814	CNS			\$7,500.00
Redwood Pacific Public Affairs Roseville, CA 95661 Memo Reference: EXP532	CNS			\$40,000.00
Calkin Public Affairs Sacramento, CA 95811		CNS, TRS		\$10,053.80

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811			CNS, OFC	\$20,198.97
Wise Creative Studio City, CA 91604	CNS			\$20,000.00
Bully Pulpit Interactive Washington, DC 20036			CNS, WEB, POL	\$26,000.00
JPM&M, Inc. Sacramento, CA 95814	CNS			\$8,000.00
Forward Observer, Inc. Sacramento, CA 95814	CNS			\$30,150.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 29 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SmithJohnson Research Sacramento, CA 95833	POL		\$1,000.00
Mfour Mobile Research, Inc. Costa Mesa, CA 92626-4622	POL		\$49,998.71
CMA Foundation Sacramento, CA 95834	CVC		\$5,000.00
California Republican Party Sacramento, CA 95814 Memo Reference: EXP543	CTB		\$1,200,000.00
Committee ID: 810163 GCW Media Services Roseville, CA 95661	WEB		\$1,682,514.42

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 30 of 145
I.D. NUMBER 1343998		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue State Digital Chicago, IL 60693	WEB			\$3,845.00
Blue State Digital Chicago, IL 60693	WEB			\$345.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814			CNS, TRS, OFC	\$32,011.59
Redwood Pacific Public Affairs Roseville, CA 95661			Slate Mailer	\$8,333.25
CHC Associates Sacramento, CA 95814	CNS			\$6,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Redwood Pacific Public Affairs Roseville, CA 95661			TRS, OFC	\$2,790.59
K Bowler Group Sacramento, CA 95814	CNS			\$7,500.00
Calkin Public Affairs Sacramento, CA 95811	CNS			\$7,500.00
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811			CNS, OFC, MTG	\$20,393.25
Wise Creative Studio City, CA 91604	CNS			\$20,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bully Pulpit Interactive Washington, DC 20036			CNS, WEB, POL	\$26,000.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL			\$78,000.00
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811			OFC, LIT	\$1,201.35
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811	OFC			\$145.02
Educate Your Vote Carlsbad, CA 92009			Slate Mailer	\$8,000.00
Committee ID: 1345655				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BPCubed, Inc. Sacramento, CA 95814	CNS		\$7,000.00
Imprenta Communications Group, Inc. San Marino, CA 91108	CNS		\$7,000.00
Steven Maviglio dba Forza Communications Sacramento, CA 95814 Memo Reference: EXP572	CNS		\$10,000.00
KMA Consulting Folsom, CA 95630	CNS		\$10,000.00
Swanson Communications, LLC Folsom, CA 95630 Memo Reference: EXP574	CNS, TRS, OFC, WEB		\$25,433.39

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2014		
through 09/30/2014		Page 34 of 145
NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM&M, Inc. Sacramento, CA 95814	TRS			\$1,698.30
JPM&M, Inc. Sacramento, CA 95814	TRS			\$6,356.41
JPM&M, Inc. Sacramento, CA 95814		LIT, TRS		\$5,882.10
Landslide Communications, Inc. Laguna Niguel, CA 92677		Slate Mailers		\$79,500.00
Redwood Pacific Public Affairs Roseville, CA 95661		TEL, WEB, OFC		\$8,064.82

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp		I.D. NUMBER 1343998

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Newsletter Sherman Oaks, CA 91403			Slate Mailer	\$17,000.00
Committee ID: 1355767 No Party Preference Voter Guide Sacramento, CA 95841			Slate Mailer	\$14,540.00
Committee ID: 1343983 Wakely Consulting Group Clearwater, FL 33764	CNS			\$4,000.00
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067			PRO, TRS	\$15,464.00
California Latino Guide Los Angeles, CA 90041			Slate Mailer	\$15,000.00
Committee ID: 1322246				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM&M, Inc. Sacramento, CA 95814	LIT		\$3,154,338.97
Redwood Pacific Public Affairs Roseville, CA 95661 Memo Reference: EXP587	CNS		\$40,000.00
JPM&M, Inc. Sacramento, CA 95814	CNS		\$8,000.00
Forward Observer, Inc. Sacramento, CA 95814	CNS		\$30,150.00

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SUBTOTAL \$23,554,486.68

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
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through 09/30/2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Swanson Communications, LLC Folsom, CA 95630 Memo Reference: PAY396	CNS, TRS, WEB	\$26,132.87	\$0.00	\$26,132.87	\$0.00
Steven Maviglio dba Forza Communications Sacramento, CA 95814 Memo Reference: PAY399	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Wakely Consulting Group Clearwater, FL 33764	CNS	\$12,880.00	\$0.00	\$12,880.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$4,434.40
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$327,117.32
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$322,682.92)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2014
through 09/30/2014

**CALIFORNIA
FORM 460**
Page 38 of 145

NAME OF FILER
No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067	PRO	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	CNS, TRS, OFC	\$26,147.00	\$0.00	\$26,147.00	\$0.00
Imprenta Communications Group, Inc. San Marino, CA 91108	CNS	\$7,000.00	\$0.00	\$7,000.00	\$0.00
BPCubed, Inc. Sacramento, CA 95814	CNS	\$7,000.00	\$0.00	\$7,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 39 of 145
I.D. NUMBER 1343998		

NAME OF FILER
 No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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K Bowler Group Sacramento, CA 95814	OFC	\$368.79	\$0.00	\$368.79	\$0.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$9,892.47	\$0.00	\$9,892.47	\$0.00
KMA Consulting Folsom, CA 95630	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
CHC Associates Sacramento, CA 95814	CNS	\$6,000.00	\$0.00	\$6,000.00	\$0.00
SUBTOTALS					

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA
FORM **460**

Page 40 of 145

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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Redwood Pacific Public Affairs Roseville, CA 95661	OFC, WEB, TRS	\$4,445.96	\$0.00	\$4,445.96	\$0.00
Bully Pulpit Interactive Washington, DC 20036	WEB	\$22,250.00	\$0.00	\$22,250.00	\$0.00
Forward Observer, Inc. Sacramento, CA 95814	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Forward Observer, Inc. Sacramento, CA 95814	CNS	\$20,150.00	\$0.00	\$20,150.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 07/01/2014 through 09/30/2014		CALIFORNIA FORM 460 Page 41 of 145
I.D. NUMBER 1343998		

NAME OF FILER
 No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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|---|---|---|
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Public Opinion Strategies, LLC Alexandria, VA 22314	POL	\$60,000.00	\$0.00	\$60,000.00	\$0.00
Akin Gump Strauss Hauer & Feld, LLP Los Angeles, CA 90067	PRO	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Calkin Public Affairs Sacramento, CA 95811	TRS	\$326.11	\$0.00	\$326.11	\$0.00
Think, Inc. El Dorado Hills, CA 95672	LIT	\$791.89	\$0.00	\$791.89	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA
FORM **460**

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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Think, Inc. El Dorado Hills, CA 95672	LIT	\$434.00	\$0.00	\$434.00	\$0.00
Public Opinion Strategies, LLC Alexandria, VA 22314	POL	\$43,000.00	\$0.00	\$43,000.00	\$0.00
Townsend Raimundo Besler & Usher, Inc. Sacramento, CA 95811	OFC	\$265.58	\$0.00	\$265.58	\$0.00
JPM&M, Inc. Sacramento, CA 95814	TRS, OFC, LIT	\$14,110.58	\$0.00	\$14,110.58	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period
from 07/01/2014
through 09/30/2014

CALIFORNIA
FORM **460**

Page 43 of 145

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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Redwood Pacific Public Affairs Roseville, CA 95661	OFC, WEB, POS	\$5,577.07	\$0.00	\$5,577.07	\$0.00
Blue State Digital Chicago, IL 60693	WEB	\$345.00	\$0.00	\$345.00	\$0.00
Redwood Pacific Public Affairs Roseville, CA 95661	PRT	\$0.00	\$4,434.40	\$0.00	\$4,434.40
SUBTOTALS		\$327,117.32	\$4,434.40	\$327,117.32	\$4,434.40

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	09/30/2014	Page 44 of 145

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Akin Gump Strauss Hauer & Feld, LLP

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$1,510.00
Southwest Airlines Dallas, TX 75235	TRS			\$351.00
Southwest Airlines Dallas, TX 75235	TRS			\$1,002.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2863.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks Public Affairs

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PPM Print Project Manager Rancho Cordova, CA 95742	CMP			\$2,133.54
Physicians News Network San Diego, CA 92131	LIT			\$1,840.00
Fed Ex Office Sacramento, CA 95814	POS			\$185.27
Physicians News Network San Diego, CA 92131	LIT			\$450.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4608.81

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	POS			\$247.10
Southwest Airlines Dallas, TX 75235	TRS			\$491.70
ANA/C Newsletter-The Nursing Voice Sacramento, CA 95814	LIT			\$4,564.70
Marriott - Oakland City Center Oakland, CA 94607	TRS			\$2,192.04

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7495.54

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$494.20
California Republican Party Sacramento, CA 95814	MTG			\$500.00
810163 Los Angeles Airport Marriott Los Angeles, CA 90045	TRS			\$1,225.30
Los Angeles County Medical Association Los Angeles, CA 90017	MTG			\$500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2719.50

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	09/30/2014	Page 48 of 145

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bicker, Castillo & Fairbanks Public Affairs	

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$450.20
Southwest Airlines Dallas, TX 75235	OFC			\$8.00
College Republicans at Sacramento State Sacramento, CA 95814	MTG			\$650.00
Southwest Airlines Dallas, TX 75235	TRS			\$230.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1338.30

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bully Pulpit Interactive

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yahoo.com Sunnyvale, CA 94089	WEB			\$20,294.12
Facebook Menlo Park, CA 94025	WEB			\$12,647.06
Google Mountain View, CA 94043	WEB			\$21,176.47
Precision Network Washington, DC 20036	WEB			\$6,647.06

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$60764.71

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FPPC Form 460 (June/01)
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Schedule G

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SCHEDULE G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HayStaq DNA Washington, DC 20002	POL			\$11,000.00
HayStaq DNA Washington, DC 20002	POL			\$11,000.00
HayStaq DNA Washington, DC 20002	POL			\$11,000.00
Facebook Menlo Park, CA 94025	WEB			\$89,705.88

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$122705.88

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google Mountain View, CA 94043	WEB			\$32,676.47
Microsoft.com New York, NY 10036	WEB			\$37,470.59
Politico.com Arlington, VA 22209	WEB			\$46,882.35
Precision Network Washington, DC 20036	WEB			\$83,470.59

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$200500.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bully Pulpit Interactive	

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Precision Network Washington, DC 20036	WEB			\$49,235.29
Salon.com San Francisco, CA 94102	WEB			\$33,986.92
Twitter San Francisco, CA 94103	WEB			\$11,588.24
Yahoo.com Sunnyvale, CA 94089	WEB			\$59,029.41

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$153839.86

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bully Pulpit Interactive	

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Menlo Park, CA 94025	WEB			\$79,588.24
Google Mountain View, CA 94043	WEB			\$57,058.83
Microsoft.com New York, NY 10036	WEB			\$15,588.24
Politico.com Arlington, VA 22209	WEB			\$12,058.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$164294.13

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Schedule G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
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Bully Pulpit Interactive

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Precision Network Washington, DC 20036	WEB			\$23,823.53
Precision Network Washington, DC 20036	WEB			\$23,941.18
Salon.com San Francisco, CA 94102	WEB			\$16,993.46
Twitter San Francisco, CA 94103	WEB			\$11,823.53

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$76581.70

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yahoo.com Sunnyvale, CA 94089	WEB			\$19,705.88
Facebook Menlo Park, CA 94025	WEB			\$100,764.71
Google Mountain View, CA 94043	WEB			\$168,941.17
Microsoft.com New York, NY 10036	WEB			\$52,058.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$341470.58

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Schedule G

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Politico.com Arlington, VA 22209	WEB			\$30,882.35
Precision Network Washington, DC 20036	WEB			\$147,823.53
Precision Network Washington, DC 20036	WEB			\$82,647.06
Twitter San Francisco, CA 94103	WEB			\$11,970.59

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$273323.53

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Yahoo.com Sunnyvale, CA 94089	WEB			\$89,941.18
Ad Colony Los Angeles, CA 90049	WEB			\$29,411.76
Facebook Menlo Park, CA 94025	WEB			\$15,000.00
Google Mountain View, CA 94043	WEB			\$20,941.18

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TOTAL* \$155294.12

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FPPC Form 460 (June/01)
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Microsoft.com New York, NY 10036	WEB			\$6,647.06
Politico.com Arlington, VA 22209	WEB			\$11,588.24
Precision Network Washington, DC 20036	WEB			\$18,411.76
Precision Network Washington, DC 20036	WEB			\$11,794.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$48441.18

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FPPC Form 460 (June/01)
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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Precision Network Washington, DC 20036	WEB			\$46,764.71
Twitter San Francisco, CA 94103	WEB			\$9,823.53
Yahoo.com Sunnyvale, CA 94089	WEB			\$12,058.82
Yahoo.com Sunnyvale, CA 94089	WEB			\$32,058.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$100705.88

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bully Pulpit Interactive

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ad Colony Los Angeles, CA 90049	WEB			\$29,411.76
Facebook Menlo Park, CA 94025	WEB			\$17,470.59
Google Mountain View, CA 94043	WEB			\$18,941.17
Politico.com Arlington, VA 22209	WEB			\$6,176.47

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$71999.99

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Precision Network Washington, DC 20036	WEB			\$12,058.82
Precision Network Washington, DC 20036	WEB			\$11,000.00
Precision Network Washington, DC 20036	WEB			\$41,088.24
Twitter San Francisco, CA 94103	WEB			\$11,588.24

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$75735.30

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yahoo.com Sunnyvale, CA 94089	WEB			\$11,000.00

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TOTAL* \$11000.00

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Calkin Public Affairs

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marriott - Oakland City Center Oakland, CA 94607	TRS			\$562.67
W Hotels Hollywood, CA 90028	TRS			\$1,154.50
Southwest Airlines Dallas, TX 75235	TRS			\$544.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2261.37

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Fairbank, Maslin, Maulin, Metz & Associates, Inc.

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Castillo & Associates Chula Vista, CA 91914	POL			\$2,374.49

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2374.49

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GCW Media Services

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Bully Pulpit Interactive Washington, DC 20036	WEB			\$15,000.00
Bully Pulpit Interactive Washington, DC 20036	WEB			\$219,999.00
Bully Pulpit Interactive Washington, DC 20036	WEB			\$121,582.69
Adlink Los Angeles, CA 90025	TEL			\$288,986.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$645568.09

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Sports Los Angeles, CA 90015	TEL			\$50,617.50
Fox Sports Los Angeles, CA 90015	TEL			\$81,600.00
KABC Glendale, CA 91201	TEL			\$313,777.50
KABC-AM Los Angeles, CA 90016	RAD			\$16,855.50

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TOTAL* \$462850.50

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KAIL Fresno, CA 93611	TEL			\$922.25
KALZ-FM Fresno, CA 93710	RAD			\$3,026.00
KBAK Bakersfield, CA 93303	TEL			\$12,439.75
KBCW San Francisco, CA 94111	TEL			\$16,702.50

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TOTAL* \$33090.50

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KBFX Bakersfield, CA 93303	TEL			\$5,265.75
KBIG-FM Burbank, CA 91505	RAD			\$48,577.50
KCAL Los Angeles, CA 90028	TEL			\$63,962.50
KCBS Los Angeles, CA 90028	TEL			\$286,832.50

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TOTAL* \$404638.25

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KCBS-AM San Francisco, CA 94111	RAD			\$78,540.00
KCBS-FM Los Angeles, CA 90034	RAD			\$22,066.00
KCOP Los Angeles, CA 90025	TEL			\$19,805.00
KCRA Sacramento, CA 95814	TEL			\$157,122.50

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TOTAL* \$277533.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCWR-FM Bakersfield, CA 93308	RAD			\$654.50
KDFO-FM Bakersfield, CA 93309	RAD			\$2,788.00
KDND-FM Sacramento, CA 95841	RAD			\$15,512.50
KDOC Irvine, CA 92614	TEL			\$13,663.75

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TOTAL* \$32618.75

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GCW Media Services

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KERN-AM Bakersfield, CA 93309	RAD			\$1,946.50
KERO Bakersfield, CA 93301	TEL			\$5,894.75
KFBK-AM Sacramento, CA 95815	RAD			\$28,653.50
KFI-AM Burbank, CA 91505	RAD			\$78,688.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$115183.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFMB San Diego, CA 92111	TEL			\$103,381.25
KFMB-AM San Diego, CA 92111	RAD			\$23,375.00
KFMB-FM San Diego, CA 92111	RAD			\$16,354.00
KFRE Fresno, CA 93727	TEL			\$1,483.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$144593.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFSN Fresno, CA 93706	TEL			\$39,376.25
KGB-FM San Diego, CA 92123	RAD			\$11,789.50
KGET Bakersfield, CA 93301	TEL			\$23,018.00
KGFM-FM Bakersfield, CA 93309	RAD			\$3,000.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$77184.25

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGO San Francisco, CA 94111	TEL			\$115,302.50
KGO-AM San Francisco, CA 94111	RAD			\$30,978.25
KGPE Fresno, CA 93726	TEL			\$10,268.00
KGTV San Diego, CA 92102	TEL			\$36,252.50

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TOTAL* \$192801.25

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KHGE-FM Fresno, CA 93710	RAD			\$3,417.00
KHHT-FM Burbank, CA 91505	RAD			\$46,410.00
KHTY-AM Bakersfield, CA 93309	RAD			\$918.00
KHYL-FM Sacramento, CA 95815	RAD			\$6,842.50

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TOTAL* \$57587.50

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KICU Oakland, CA 94607	TEL			\$6,056.25
KIFM-FM San Diego, CA 92108	RAD			\$14,263.00
KISQ-FM San Francisco, CA 94107	RAD			\$37,956.75
KJFX-FM Fresno, CA 93710	RAD			\$4,301.00

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TOTAL* \$62577.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KKBB-FM Bakersfield, CA 93308	RAD			\$5,414.50
KKGO-FM Los Angeles, CA 90025	RAD			\$27,752.50
KLAC-AM Burbank, CA 91505	RAD			\$17,059.50
KLOS-FM Los Angeles, CA 90016	RAD			\$21,547.50

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TOTAL* \$71774.00

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KMAX Sacramento, CA 95815	TEL			\$23,927.50
KMGV-FM Fresno, CA 93711	RAD			\$7,675.50
KMJ-AM Fresno, CA 93711	RAD			\$8,797.50
KMPH Fresno, CA 93727	TEL			\$25,653.00

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TOTAL* \$66053.50

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KNBC Burbank, CA 91523	TEL			\$249,815.00
KNBR-AM San Francisco, CA 94105	RAD			\$55,007.75
KNCI-FM Sacramento, CA 95841	RAD			\$13,931.50
KNSD San Diego, CA 92101	TEL			\$38,598.50

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TOTAL* \$357352.75

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KNTV San Jose, CA 95131	TEL			\$124,482.50
KNX-AM Los Angeles, CA 90036	RAD			\$57,324.00
KNZR-AM Bakersfield, CA 93308	RAD			\$5,406.00
KOFY San Francisco, CA 94124	TEL			\$6,332.50

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TOTAL* \$193545.00

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KOGO-AM San Diego, CA 92123	RAD			\$15,036.50
KOIT-FM San Francisco, CA 94103	RAD			\$45,007.50
KOKO-FM Fresno, CA 93710	RAD			\$1,683.85
KOSF-FM San Francisco, CA 94107	RAD			\$30,680.75

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TOTAL* \$92408.60

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KOST-FM Burbank, CA 91505	RAD			\$59,797.50
KOVR West Sacramento, CA 95605	TEL			\$75,820.00
KPIX San Francisco, CA 94111	TEL			\$176,417.50
KPRI-FM San Diego, CA 92121	RAD			\$10,072.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$322107.50

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Schedule G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

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GCW Media Services

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KQCA Sacramento, CA 95814	TEL			\$20,208.75
KQJK-FM Sacramento, CA 95815	RAD			\$7,905.00
KRON San Francisco, CA 94109	TEL			\$26,673.00
KRTH-FM Los Angeles, CA 90036	RAD			\$55,743.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$110529.75

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRXQ-FM Sacramento, CA 95841	RAD			\$13,600.00
KSEE Fresno, CA 93727	TEL			\$7,611.75
KSEG-FM Sacramento, CA 95841	RAD			\$26,435.00
KSFO-AM San Francisco, CA 94105	RAD			\$16,974.50

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TOTAL* \$64621.25

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KSKS-FM Fresno, CA 93711	RAD			\$7,161.25
KSOF-FM Fresno, CA 93710	RAD			\$5,508.00
KSON-FM San Diego, CA 92108	RAD			\$26,545.50
KSTE-AM Sacramento, CA 95815	RAD			\$14,645.50

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TOTAL* \$53860.25

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KSWB San Diego, CA 92111	TEL			\$13,387.50
KTLA Los Angeles, CA 90028	TEL			\$98,217.50
KTLK-AM Burbank, CA 91505	RAD			\$13,952.75
KTTV Los Angeles, CA 90025	TEL			\$54,017.50

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TOTAL* \$179575.25

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KTVU Oakland, CA 94607	TEL			\$85,425.00
KTWV-FM Los Angeles, CA 90036	RAD			\$37,829.25
KTXL Sacramento, CA 95820	TEL			\$25,674.25
KUFY-FM San Francisco, CA 94103	RAD			\$15,852.50

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TOTAL* \$164781.00

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KUSI San Diego, CA 92123	TEL			\$23,311.25
KUZZ-FM Bakersfield, CA 93308	RAD			\$6,222.00
KVME Irvine, CA 92614	TEL			\$4,866.25
KWYE-FM Fresno, CA 93711	RAD			\$2,193.00

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TOTAL* \$36592.50

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KXTV Sacramento, CA 95818	TEL			\$59,648.75
KYMX-FM Sacramento, CA 95815	RAD			\$20,995.00
KYXY-FM San Diego, CA 92111	RAD			\$20,570.00
NCC Los Angeles, CA 90025	TEL			\$296,051.90

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TOTAL* \$397265.65

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NCRA Sacramento, CA 95814	TEL			\$9,838.75
XETV San Diego, ca 92111	TEL			\$4,398.75
XHRM-FM San Diego, CA 92121	RAD			\$12,835.00
XPRS-AM San Diego, CA 92121	RAD			\$12,172.00

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TOTAL* \$39244.50

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XPRS-FM San Diego, CA 92121	RAD			\$8,466.00
Building Trade News Los Angeles, CA 90026	PRT			\$5,714.01
Bully Pulpit Interactive Washington, DC 20036	WEB			\$115,909.28
Fox & Hounds Daily Sacramento, CA 95825	WEB			\$3,000.01

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TOTAL* \$133089.30

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Flash Report Newport Beach, CA 92660	WEB			\$30,000.00
Adlink Los Angeles, CA 90025	TEL			\$874,310.00
Fox Sports Los Angeles, CA 90015	TEL			\$61,795.00
Fox Sports Los Angeles, CA 90015	TEL			\$133,875.00

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TOTAL* \$1099980.00

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KABC Glendale, CA 91201	TEL			\$700,145.00
KABC-AM Los Angeles, CA 90016	RAD			\$11,585.50
KAIL Fresno, CA 93611	TEL			\$1,793.50
KALZ-FM Fresno, CA 93710	RAD			\$2,890.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$716414.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GCW Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KBAK Bakersfield, CA 93303	TEL			\$21,109.75
KBCW San Francisco, CA 94111	TEL			\$32,895.00
KBFX Bakersfield, CA 93303	TEL			\$11,254.00
KBIG-FM Burbank, CA 91505	RAD			\$23,417.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$88676.25

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCAL Los Angeles, CA 90028	TEL			\$130,985.00
KCBS Los Angeles, CA 90028	TEL			\$830,705.00
KCBS-AM San Francisco, CA 94111	RAD			\$50,830.00
KCBS-FM Los Angeles, CA 90034	RAD			\$14,603.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1027123.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCOP Los Angeles, CA 90025	TEL			\$52,997.50
KCRA Sacramento, CA 95814	TEL			\$283,177.50
KCWR-FM Bakersfield, CA 93308	RAD			\$306.00
KDFO-FM Bakersfield, CA 93309	RAD			\$2,074.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$338555.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDND-FM Sacramento, CA 95841	RAD			\$9,753.75
KDOC Irvine, CA 92614	TEL			\$38,462.50
KERN-AM Bakersfield, CA 93309	RAD			\$1,428.00
KERO Bakersfield, CA 93301	TEL			\$30,085.75

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TOTAL* \$79730.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFBK-AM Sacramento, CA 95815	RAD			\$17,845.75
KFI-AM Burbank, CA 91505	RAD			\$57,315.50
KFMB San Diego, CA 92111	TEL			\$192,525.00
KFMB-AM San Diego, CA 92111	RAD			\$15,300.00

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TOTAL* \$282986.25

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KFMB-FM San Diego, CA 92111	RAD			\$12,125.25
KFRE Fresno, CA 93727	TEL			\$3,327.75
KFSN Fresno, CA 93706	TEL			\$101,468.75
KGB-FM San Diego, CA 92123	RAD			\$8,661.50

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TOTAL* \$125583.25

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KGET Bakersfield, CA 93301	TEL			\$52,143.25
KGFM-FM Bakersfield, CA 93309	RAD			\$1,436.50
KGO San Francisco, CA 94111	TEL			\$258,230.00
KGO-AM San Francisco, CA 94111	RAD			\$21,152.25

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TOTAL* \$332962.00

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KGPE Fresno, CA 93726	RAD			\$49,368.00
KGTV San Diego, CA 92102	TEL			\$94,520.00
KHGE-FM Fresno, CA 93710	RAD			\$1,938.00
KHHT-FM Burbank, CA 91505	RAD			\$32,873.75

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TOTAL* \$178699.75

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KHTY-AM Bakersfield, CA 93309	RAD			\$612.00
KHYL-FM Sacramento, CA 95815	RAD			\$4,636.75
KICU Oakland, CA 94607	TEL			\$19,167.50
KIFM-FM San Diego, CA 92108	RAD			\$10,438.00

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TOTAL* \$34854.25

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KISQ-FM San Francisco, CA 94107	RAD			\$23,179.50
KJFX-FM Fresno, CA 93710	RAD			\$671.50
KKBB-FM Bakersfield, CA 93308	RAD			\$3,757.00
KKGO-FM Los Angeles, CA 90025	RAD			\$17,297.50

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TOTAL* \$44905.50

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KLAC-AM Burbank, CA 91505	RAD			\$10,608.00
KLOS-FM Los Angeles, CA 90016	RAD			\$13,812.50
KMAX Sacramento, CA 95815	TEL			\$52,572.50
KMGV-FM Fresno, CA 93711	RAD			\$5,278.50

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TOTAL* \$82271.50

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GCW Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KMJ-AM Fresno, CA 93711	RAD			\$6,566.25
KMPH Fresno, CA 93727	TEL			\$54,570.00
KNBC Burbank, CA 91523	TEL			\$500,288.75
KNBR-AM San Francisco, CA 94105	RAD			\$39,329.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$600754.50

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FPPC Form 460 (June/01)
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SCHEDULE G

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNCI-FM Sacramento, CA 95841	RAD			\$8,032.50
KNSD San Diego, CA 92101	TEL			\$119,973.25
KNTV San Jose, CA 95131	TEL			\$265,880.00
KNX-AM Los Angeles, CA 90036	RAD			\$39,843.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$433729.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNZR-AM Bakersfield, CA 93308	RAD			\$3,995.00
KOFY San Francisco, CA 94124	TEL			\$12,665.00
KOGO-AM San Diego, CA 92123	RAD			\$10,123.50
KOIT-FM San Francisco, CA 94103	RAD			\$30,345.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$57128.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KOKO-FM Fresno, CA 93710	RAD			\$1,217.20
KOSF-FM San Francisco, CA 94107	RAD			\$20,871.75
KOST-FM Burbank, CA 91505	RAD			\$37,370.25
KOVR West Sacramento, CA 95605	TEL			\$175,695.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$235154.20

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR GCW Media Services	

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KPIX San Francisco, CA 94111	TEL			\$366,031.25
KPRI-FM San Diego, CA 92121	RAD			\$6,332.50
KQCA Sacramento, CA 95814	TEL			\$59,606.25
KQJK-FM Sacramento, CA 95815	RAD			\$5,924.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$437894.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRON San Francisco, CA 94109	TEL			\$57,239.00
KRTH-FM Los Angeles, CA 90036	RAD			\$37,174.75
KRXQ-FM Sacramento, CA 95841	RAD			\$8,861.25
KSEE Fresno, CA 93727	TEL			\$25,376.75

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TOTAL* \$128651.75

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KSEG-FM Sacramento, CA 95841	RAD			\$17,977.50
KSFO-AM San Francisco, CA 94105	RAD			\$11,390.00
KSKS-FM Fresno, CA 93711	RAD			\$3,982.25
KSOF-FM Fresno, CA 93710	RAD			\$4,734.50

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TOTAL* \$38084.25

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSON-FM San Diego, CA 92108	RAD			\$18,700.00
KSTE-AM Sacramento, CA 95815	RAD			\$9,838.75
KSWB San Diego, CA 92111	TEL			\$33,532.50
KTLA Los Angeles, CA 90028	TEL			\$158,227.50

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TOTAL* \$220298.75

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KTLK-AM Burbank, CA 91505	RAD			\$8,266.25
KTTV Los Angeles, CA 90025	TEL			\$90,822.50
KTVU Oakland, CA 94607	TEL			\$215,475.00
KTWV-FM Los Angeles, CA 90036	RAD			\$25,806.00

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TOTAL* \$340369.75

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KTXL Sacramento, CA 95820	TEL			\$75,981.50
KUFX-FM San Francisco, CA 94103	RAD			\$10,391.25
KUSI San Diego, CA 92123	TEL			\$47,379.00
KUZZ-FM Bakersfield, CA 93308	RAD			\$3,825.00

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TOTAL* \$137576.75

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KVME Irvine, CA 92614	TEL			\$12,750.00
KWYE-FM Fresno, CA 93711	RAD			\$2,125.00
KXTV Sacramento, CA 95818	TEL			\$149,770.00
KYMX-FM Sacramento, CA 95815	RAD			\$15,312.75

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TOTAL* \$179957.75

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KYXY-FM San Diego, CA 92111	RAD			\$12,240.00
NCC Los Angeles, CA 90025	TEL			\$828,677.33
NCRA Sacramento, CA 95814	TEL			\$19,677.50
XETV San Diego, ca 92111	TEL			\$7,310.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$867904.83

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR GCW Media Services	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
XHRM-FM San Diego, CA 92121	RAD			\$8,262.00
XPRS-AM San Diego, CA 92121	RAD			\$8,355.50
XPRS-FM San Diego, CA 92121	RAD			\$5,508.00
Bully Pulpit Interactive Washington, DC 20036	WEB			\$1,480,612.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1502738.20

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

JPM&M, Inc.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$514.20
Insourc Print and Design Sacramento, CA 95811	LIT			\$1,436.32
Marriott - Oakland City Center Oakland, CA 94607	TRS			\$294.46
Marriott - Oakland City Center Oakland, CA 94607	TRS			\$294.46

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TOTAL* \$2539.44

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aronson Public Affairs Sacramento, CA 95864	CNS			\$15,000.00
Insourc Print and Design Sacramento, CA 95811	LIT			\$4,918.54
Insourc Print and Design Sacramento, CA 95811	LIT			\$4,650.00
Sheraton Universal Hotel Universal City, CA 91608	TRS			\$288.87

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TOTAL* \$24857.41

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Southwest Airlines Dallas, TX 75235	TRS			\$494.20
Southwest Airlines Dallas, TX 75235	TRS			\$494.20
W Hotels Hollywood, CA 90028	TRS			\$316.07
Ace Cuervo Photography Tulsa, OK 74104	LIT			\$7,398.00

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TOTAL* \$8702.47

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Asendia Bell, CA 90201	LIT			\$89,101.51
Continental Colorcraft Monterey Park, CA 91754	LIT			\$397,560.20
Image Point Carmichael, CA 95608	LIT			\$10,800.00
Insource Print and Design Sacramento, CA 95811	LIT			\$636,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1134361.71

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Insource Print and Design Sacramento, CA 95811	LIT			\$571,458.92
Metro Mail Sacramento, CA 95811	LIT			\$97,377.36
Robert Durrel Photography Davis, CA 95616	LIT			\$550.00
Tim Sullens Photography Burbank, CA 91505	LIT			\$1,568.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$670955.00

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USPS Bell, CA 90201	POS			\$135,915.25
USPS Bell, CA 90201	POS			\$334,950.30
USPS West Sacramento, CA 95790	POS			\$337,458.00
USPS West Sacramento, CA 95790	POS			\$506,197.62

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1314521.17

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Wright Services, LLC Lafayette, CO 80026	LIT			\$1,050.00

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TOTAL* \$1050.00

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications, Inc.

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National Tax Limitation Committee Early Voter Guide Laguna Niguel, CA 92677			Slate Mailers	\$21,401.22
1306386				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$21401.22

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mfour Mobile Research, Inc.

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Southwest Airlines Dallas, TX 75235	TRS			\$1,028.60
Q-insights Van Nuys, CA 91406	POL			\$705.00
Q & A focus suites Overland Park, KS 66212	POL			\$1,746.00
AIMLA Costa Mesa, CA 92626	POL			\$1,515.00

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TOTAL* \$4994.60

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Focus Vision Worldwide Stamford, CT 06902	POL			\$1,750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1750.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Redwood Pacific Public Affairs

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gateway Secretarial Services Sacramento, CA 95814	OFC			\$924.50
Voting Domains Henderson, NV 89014	WEB			\$3,240.00
Wise Creative Studio City, CA 91604	TEL			\$140,983.58
The Democratic Club Slate Mailer Los Angeles, CA 90017		Slate Mailers		\$7,500.00
1367085				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$152648.08

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Schedule G

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I.D. NUMBER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Senders Communications Group Canoga Park, CA 91303	PRT			\$3,991.00
American Lithographers Sacramento, CA 95818	LIT			\$1,626.46
Southwest Airlines Dallas, TX 75235	TRS			\$514.20
Gateway Secretarial Services Sacramento, CA 95814	OFC			\$190.55

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6322.21

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Redwood Pacific Public Affairs	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$235.10
Universal Limousine Sacramento, CA 95811	TRS			\$520.00
Sacramento Air Charter, Inc. Rocklin, CA 95677	TRS			\$988.40
Southwest Airlines Dallas, TX 75235	TRS			\$494.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2237.70

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Redwood Pacific Public Affairs

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Universal Limousine Sacramento, CA 95811	TRS			\$422.50
Wise Creative Studio City, CA 91604		TEL, RAD		\$66,125.00
Zignal Labs, Inc. San Francisco, CA 94111	WEB			\$750.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	LIT			\$4,564.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$71862.20

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Schedule G

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NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
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Redwood Pacific Public Affairs

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Universal Limousine Sacramento, CA 95811	TRS			\$536.25
Southwest Airlines Dallas, TX 75235	TRS			\$494.20
Southwest Airlines Dallas, TX 75235				\$494.20
Southwest Airlines Dallas, TX 75235	TRS			\$422.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1946.85

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Schedule G

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SCHEDULE G

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Redwood Pacific Public Affairs	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fed Ex Office Sacramento, CA 95814	POS			\$964.51
Fed Ex Office Sacramento, CA 95814	POS			\$153.49
Fed Ex Office Sacramento, CA 95814	POS			\$116.30
Pelco HD New York, NY 10016	TEL			\$4,450.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5684.30

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Schedule G

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I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Redwood Pacific Public Affairs

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pelco HD New York, NY 10016	TEL			\$390.00
Zignal Labs, Inc. San Francisco, CA 94111	WEB			\$750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1140.00

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Schedule G

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SCHEDULE G

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NAME OF FILER No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp	I.D. NUMBER 1343998
NAME OF AGENT OR INDEPENDENT CONTRACTOR Swanson Communications, LLC	

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$310.20
Southwest Airlines Dallas, TX 75235	TRS			\$414.20
Southwest Airlines Dallas, TX 75235	TRS			\$182.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$906.60

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Townsend Raimundo Besler & Usher, Inc.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
York Creative Vallejo, CA 94590	LIT			\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1000.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2014

through 09/30/2014

CALIFORNIA
FORM **460**

Page 137 of 145

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hosp

I.D. NUMBER
1343998

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
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Statement covers period
from 07/01/2014
through 09/30/2014

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I.D. NUMBER
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$00
2. Unitemized increases to cash under \$100 this period..... \$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$00

Memo Reference:

Full Name of Committee: No on 45 - Californians Against Higher Health Care Costs. Major funding by Kaiser Foundation Health Plan, Inc., Wellpoint, Inc. and Blue Shield of California with a coalition of doctors, nurses, hospitals, health plans, and California employers. Additional Addresses: P. O. Box 2511 Sacramento, CA 95812 and 1215 K Street, Suite 2260 Sacramento, CA 95814

Memo Reference: NON473

Non-Monetary Contribution of Consulting Services 07/01/2014 - 09/30/2014

Memo Reference: EXP543

Non-Candidate Support

Memo Reference: NON542

In-Kind Contribution

Memo Reference: EDT37
In-Kind Contribution

Memo Reference: EXP462
Ned Wigglesworth @NedWigglesworth <https://twitter.com/NedWigglesworth>; Aaron McLearn @aaronmclear <https://twitter.com/aaronmclear>

Memo Reference: EXP470
Robin Swanson @robin_swanson https://twitter.com/robin_swanson

Memo Reference: EXP498
Steven Maviglio <http://camajorityreport.com/>; @stevenmaviglio, <https://twitter.com/stevenmaviglio>

Memo Reference: EXP525

Robin Swanson @robin_swanson https://twitter.com/robin_swanson

Memo Reference: EXP527

Steven Maviglio <http://camajorityreport.com/>; @stevenmaviglio, <https://twitter.com/stevenmaviglio>

Memo Reference: EXP532

Ned Wigglesworth @NedWigglesworth <https://twitter.com/NedWigglesworth>; Aaron McLearn @aaronmclear <https://twitter.com/aaronmclear>

Memo Reference: EXP543

Non-Candidate Support

Memo Reference: EXP572

Steven Maviglio <http://camajorityreport.com/>; @stevenmaviglio, <https://twitter.com/stevenmaviglio>

Memo Reference: EXP574

Robin Swanson @robin_swanson https://twitter.com/robin_swanson

Memo Reference: EXP587

Ned Wigglesworth @NedWigglesworth <https://twitter.com/NedWigglesworth>; Aaron McLearn @aaronmclear <https://twitter.com/aaronmclear>

Memo Reference: EXP397

Robin Swanson @robin_swanson https://twitter.com/robin_swanson

Memo Reference: EXP400

Steven Maviglio <http://camajorityreport.com/>; @stevenmaviglio, <https://twitter.com/stevenmaviglio>

Memo Reference: PAY396

Robin Swanson @robin_swanson https://twitter.com/robin_swanson

Memo Reference: PAY399

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Memo Reference: PAY284

Loan

Memo Reference: PAY287
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